

# **PROTOCOL GUIDE THE EARLY CHILDHOOD ASTHMA INITIATIVE-ALACC 2002 - 2003**

## Client Identification and Documentation Process

1. Receive Referral (Fax, Phone)
2. Enter Referral into Referral Spreadsheet (located in Forms Folder of State Prop 10 on the public drive).
3. Call referral and discuss
  - a. Program structure: minimum of three home visits involving intake interview, education, and disenrollment interview; educational visit with childcare provider
  - b. Content: Education on asthma physiology, medication and medication delivery, trigger mitigation, and patient/ provider interaction; tools given to family include peak flow meter, spacer, mattress and pillow case cover, calendar
  - c. Goals: To manage child asthma leading to decreased ER-emergency clinic visits, decreased asthma episodes, meaning increased quality of life for child and family
  - d. Set appointment
4. Begin folder for client
  - a. Tracking Log (Attachment 1)
  - b. Consent Forms (Attachment 2,3)
  - c. Pretest (Attachment 4)
  - d. Blank Intake Interview (Attachment 5)
  - e. Childcare Provider Tracking Form (Attachment 6)
  - f. Posttest (Attachment 4)
  - g. Blank Disenrollment Interview (Attachment 5)
  - h. Disenrollment Checklist (Attachment 7)
5. Once client has signed the ECAI consent form they can be entered into database (located in Database folder of State Prop 10 on public drive). Once the client is assigned an ID number, please put this ID number on the client folder next to client name.
6. Database should be updated on a weekly basis. Friday is paperwork day. No clients should be scheduled and this is a good day to update your database.
7. If correspondence occurs between asthma coordinator and doctor (letter regarding asthma action plan; Attachment 8) or landlord (letter regarding unsafe housing conditions; Attachment 9), a copy should be placed in the clients file. If contacting the landlord please note in chart that client specifically asked/gave permission for the contact to occur.
8. If the client is ready for disenrollment, then the disenrollment checklist must be completely filled out and SIGNED by the asthma coordinator.
9. The disenrolled client's file should be placed in alphabetical order in the designated file cabinet.

PLEASE REMEMBER THAT THIS INFORMATION IS CONFIDENTIAL MEDICAL INFORMATION. DO NOT LEAVE FOLDERS WHERE NON-ECAI PERSONNEL CAN ACCESS THE INFORMATION. THE CLIENTS ARE TRUSTING US TO KEEP THIS INFORMATION PRIVATE.

# CLIENT VISITS

Please consider this a guideline to follow when performing asthma education visits. Each client will have unique circumstances that will require modification of this guide to better address individual needs. However, this framework will allow you to offer comprehensive asthma management within a defined time frame.

## 1. Intake Visit

- a. Explain the purpose of the ECAI project:
  - i. How asthma management techniques can help their child avoid acute asthma episodes
  - ii. Reduction in emergency visits
  - iii. Reduction in absenteeism from work school
  - iv. Information will be kept completely private and not shared with identifiers to any governmental agency
  - v. This information will not effect eligibility for services; one of our purposes is to get them as many social services backups as we can
  - vi. Information will be used to help better identify asthma care needs in the community and whether this program has a positive outcome on clients health
- b. The ECAI Project Consent Form is a legal document in which the parent or the legal guardian is given a full understanding of the asthma program and its confidentiality guidelines. The document must be signed by the parents or legal guardians and the asthma coordinators in order to work with the client. The family will be given a copy for their record.
- c. The photography consent form does not need to be signed in order to participate in the project. Do not photograph child if form is not signed.
- d. Administer the pre-test. Explain that:
  - i. This is a tool to gauge program effectiveness in education and to determine what the client's educational needs might be.
  - ii. The client should just answer each question as best as they can (NO CLARIFICATION OR DEFINITIONS GIVEN).
- e. Administer the enrollment interview and diagnostic screening tools
- f. Give the client a folder containing the asthma workbook, ETS information, IAQ book, magnetic calendar
- g. If they have no health insurance for their child, refer them to Medical or Healthy Families (Give them a contact name for assistance in filling out forms)
- h. If there is an issue with food access refer them to WIC, Food Stamps, Local Food bank
- i. Offer information about asthma's mechanism in the body (educational tools may include workbook, laminated cards, asthma flipchart)
- j. Make an appointment for an educational visit (AIM FOR A TWO-WEEK TIMEFRAME)
- k. Ask them to please use the magnetic calendar to record asthma episodes and possible triggers so that you can talk about the information on your next visit.

- I. Give them a business card so they contact you with questions or problems.
2. If child has a childcare provider, make appointment for educational visit.
3. Educational Visit (May be broken into two visits as appropriate)
  - a. Review Asthma Physiology Information
  - b. Medications (laminated cards, flip chart, videos, workbook)
    - i. Controller and Reliever meds
    - ii. Medication benefits and side effects
    - iii. Medications delivery
      1. How to use and clean a spacer
      2. How to use and clean a nebulizer (if applicable)
      3. How to tell when your inhaler is empty
    - iv. Medications diary (>2 week use of reliever meds indicates need for caution)
  - c. Peak Flow Meter (if applicable) (flip chart, videos, workbook)
    - i. How and when to use
    - ii. Diary
  - d. Indications of asthma episode (flip chart, videos, workbook)
  - e. What should you do when you see these indications (flip chart, videos, workbook)
    - i. Asthma Action Plan (if client currently does not have a.a.p contact doctor through phone call/letter about a.a.p)
  - f. Trigger avoidance and mitigation (flip chart, videos, workbook)
    - i. What is a trigger
    - ii. IAQ
    - iii. Tracking triggers
  - g. How to communicate with your healthcare provider (workbook, handouts)
    - i. Chronic disease, but changes can and do occur
    - ii. Regular visits at 3-6 month intervals for well checkups
    - iii. How to document problems
    - iv. How to address questions and concerns with provider
      1. Structure of typical clinic visit
      2. Writing down questions
      3. Bringing documentation to visits
      4. Advocating for asthma action plan
    - v. Step-up/Step-down (I need a new action plan)
  - h. Review social service needs and refer to available programs
  - i. What are the barriers (if any) you experience in getting asthma care for your child?
    - i. Can you pay for meds
    - ii. Do you have transportation for visit
    - iii. Does your provider speak your language
  - j. Give peak flow meter, spacer, mattress and pillow case cover, and calendar
  - k. Reiterate that family should call you with questions or problems
  - l. Make appointment for disenrollment visit (1-2 month timeframe)
4. Follow-Up Visits
  - a. Used to address needs for that family; i.e. healthcare access, housing/IAQ, medications

5. Disenrollment Visit
  - a. Does family have question or concerns?
  - b. Post-test
  - c. Disenrollment interview
  - d. Give family satisfaction survey, asthma resource guide, and certificate of completion

## Childcare Provider Visit

1. Call childcare provider. Explain that:
  - a. Child has asthma and is enrolled in ECAI program.
  - b. You would like to come and explain about asthma, how this affects the child, and how to create a positive health environment for the child.
2. Educational Visit:
  - a. Asthma patho-physiology
  - b. If child is taking medications explain how and why the medications are used and delivered.
  - c. Signs of asthma episode in that child
  - d. What to do if you see signs of asthma episode
  - e. Triggers and trigger mitigation
  - f. If possible provide copy of child's asthma action plan
  - g. Give copy of caregivers guide and how to control asthma booklet
  - h. Give caregiver satisfaction survey
3. Document Visit in database as Follow-Up

## CULTURAL COMPTANCY

Each asthma coordinator will be an invited guest in the homes of people who may have grown up with a different cultural background than that of the coordinator. Different cultures have different expectations concerning health and wellness as well as social interactions. It is not possible to know about every person and every background. What is possible is to understand about the cultural tradition and expectations that you as the educator hold. Awareness of your own beliefs concerning health, wellness, and social interactions will enable you to realize how those beliefs play into your interactions with others. This awareness will enable you to distance yourself from your cultural expectations in order to better communicate, teach, and learn with each individual in the program. Refer to "Why Do Americans Act Like That?" for some ideas about how ingrained personal beliefs may effect your interaction with your clients. **CHANGE CANNOT BE IMPOSED FROM THE OUTSIDE.** The desire for change must come from within the community. Our job is to create the desire for change and then offer the tools for change.

If you are having trouble with clients understanding the concepts that you are presenting, take a step back and ask yourself the following questions:

1. Am I using technical language or jargon?
2. Will this concept require resources that this family does not have?
3. Will this concept require changes involving the family that the person I'm talking to does not have the power or authority to make?
4. Am I presupposing that this family's idea about what constitutes health is the same as mine?
5. Is there something about this concept that runs contrary to popularly held beliefs in the community?
6. Am I being encouraging or disparaging in the way that I am presenting my ideas?  
Is my language and body movement respectful?

Here is one model for cross cultural health communication developed by Elois Ann Berlin and William C. Fowkes:

LISTEN to the client's perception (of asthma and their child)

EXPLAIN your perception (of asthma and their child)

ACKNOWLEDGE both the differences and the similarities in perceptions

RECOMMEND actions

NEGOTIATE agreement

## **Quality Assurance**

Quality Assurance Forms should be given to clients when they disenroll from the program. (Attachment 10)

Quality Assurance Forms should be given to childcare providers at the end of the educational visit. (Attachment 11)

ALL FORMS SHOULD COME WITH A PRE-ADDRESSED PRE- STAMPED ENVELOPE written to ATTN: ECAI Program Director.

## **Disenrollments: Special Considerations**

When is a client ready to disenroll from the program?

They must meet the following criteria:

1. Healthcare insurance
2. Medical home
3. Asthma action plan
4. Asthma under control

Let's break down these requirements in practical terms:

1. Healthcare insurance
  - a. If the children themselves are not legally in the country then they cannot qualify for most low-income health insurance programs. Insure that they have taken advantage of CHDP services and any free or sliding scale programs available in their area.

- b. This list of programs available by area can be found in the binder for the county in which the client resides.
- 2. Medical home
  - a. Children consistently attending the same clinic can count this as their medical home. While it is often preferable to see one provider consistently, this is not always practical.
- 3. Asthma action plan
  - a. The gold standard is an asthma action plan in the healthcare providers chart, at home, and at school/daycare.
  - b. Contact client's healthcare provider about the need for an asthma action plan. Stress that the patient would like a written reminder of instructions. Ask the client to make an appointment specifically to get an asthma action plan. Send a letter to the doctor ahead of the appointment.
  - c. If these actions to do not result in an asthma action plan, then at least you did all you could in terms of education and outreach.
- 4. Asthma Under Control
  - a. Specifically asthma under control means needing to use a rescue inhaler twice a week or less; reduction/elimination in nighttime asthma symptoms; significant reduction/elimination of ER visits and unplanned urgent care visits for asthma
  - b. Sometimes the client has been through the program but does not meet this definition of asthma under control
    - i. Due to non-compliance
      - 1. Identify and Address barriers to compliance
      - 2. Attempt to modify education to address cultural issues
      - 3. Attempt to modify education to address education/literacy issues
    - ii. Due to environmental circumstances
      - 1. Attempt to address housing issues by referring to appropriate social services
      - 2. Attempt to address housing issues by contact landlord (only with clients permission) regarding IAQ issues
      - 3. Identify seasonal exacerbations an bring this to attention of client/healthcare provider
    - iii. Due to other health issues
      - 1. Encourage Flue vaccinations
      - 2. Recognize colds and flue as asthma trigger-bring to attention of client/healthcare provider
- 5. Remember that we can only assist when the client wants that assistance and that we have limited resources to address certain peripheral issues. If you feel that you have done all you can with all the resources at your disposal, then it is okay to disenroll the client. Please remember to make note of the barriers to full asthma management.
- 6. Loss To Follow Up/ Client Not Interested In Program
  - a. If client is a no-show (misses appointment, does not call to cancel or schedule) three times in a row then it is okay to disenroll as "not interested in program"

- b. Use your judgment; if client consistently reschedules and does not seem able to make any appointments, ask if they truly want to participate in the program.
- c. If you make repeated attempts to contact client over a 2 month timeframe with no results, you can consider that a loss to follow-up if client completed intake interview.
  - i. Dead give-away for loss to follow-up: returned mail; disconnected phone-numbers; neighbors say client has moved



# FOLLOW-UP TRACKING SHEET

**Service(s) Provided:**

- 1-Information given on basic understanding of asthma
- 2-Assessment of home environment
- 3-Assistance in implementation of environmental control measures.
- 4-Instruction on proper use of asthma medications and devices.
- 5-Reinforcement of asthma mgmt/action plan
- 6-Referral to community resources
- 7-Referral to MediCal/Healthy Families/CA Kids pgm
- 8-Coordinate medical care w/health care provider
- 9-Coordinate care w/child care provider
- 10-Conduct follow-up Parent/Guardian interview
- 11-Other

Date:

Services Provided:

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10   ☐ 11

Notes:

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Date:

Services Provided:

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10   ☐ 11

Notes:

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Date:

Services Provided:

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10   ☐ 11

Notes:

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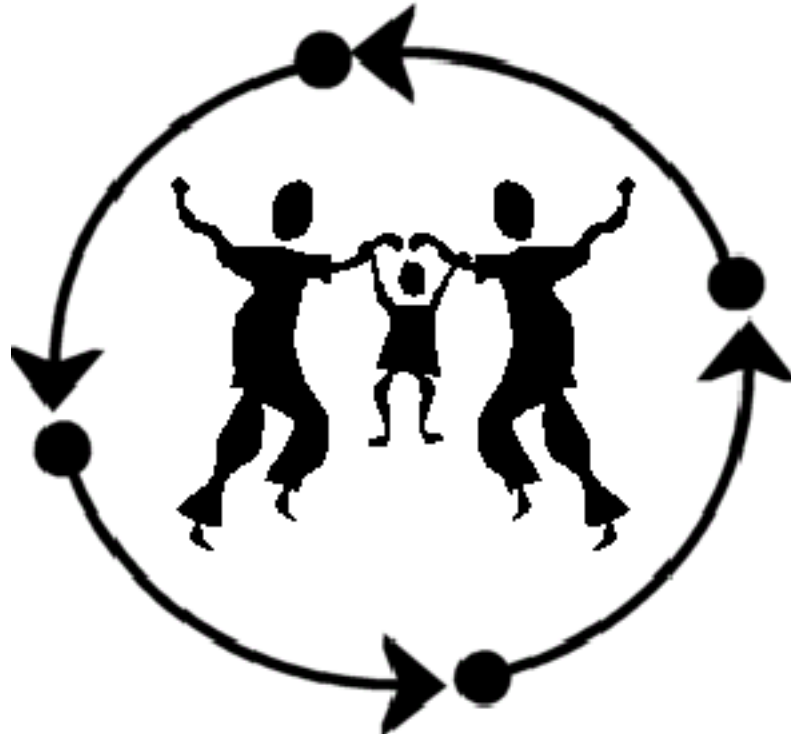
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*Early Childhood*



*Asthma Initiative*

**INFORMATION  
AND  
CONSENT FORM**

THE FORM CONTAINS A DESCRIPTION OF THE EARLY CHILDHOOD ASTHMA INITIATIVE PROGRAM. PLEASE DISCUSS THE CONTENT OF THIS FORM WITH THE ASTHMA COORDINATOR BEFORE YOU AGREE TO PARTICIPATE

## **I. DESCRIPTION OF THE PROGRAM**

### **A. Premise of the ECAI program**

- Children with asthma can live a normal healthy life
- Asthma management requires proper knowledge and tools
- Asthma Coordinators can provide to families the information and tools necessary for effective asthma management

### **B. Purpose of the ECAI program**

- To reduce asthma hospitalizations and ER visits
- Increase preventive care
- Decrease school/work absenteeism
- Increase compliance with asthma management plans

### **C. Identification of the Funding Source**

- Funded by Proposition 10, California Children and Families Commission
- One of eight projects funded throughout the state

### **D. Description of Patient Involvement**

- Children under the age of five, their families and their childcare providers
- Residents of Monterey, Santa Cruz, and San Luis Obispo Counties

### **E. Benefits to the Patient**

- All families who participate in the Early Childhood Asthma Initiative will:
  - Learn ways to best manage their child's asthma
  - Receive referrals to needed community resources
  - Help their child to live an active, healthy lifestyle
  - Receive tools to help manage your child's asthma, including: mattress and pillow case cover, spacer, peak-flow meter, and calendar

### **F. Program Related Questions**

#### **▪ What is the Early Childhood Asthma Initiative Program (ECAI)?**

The ECAI is an asthma program of the American Lung Association of the Central Coast that provides in-home asthma management education and tools to families of children with asthma.

#### **▪ Who is the American Lung Association of the Central Coast (ALACC)?**

The American Lung Association of the Central Coast is a non-profit organization, which helps promote lung health, protect air quality and prevent lung disease through education, intervention, referral and direct local programs.

#### **▪ What is the Central Coast Asthma Coalition (CCAC)?**

The CCAC is a group of individuals and agencies that are impacted by asthma and wish to help improve asthma-related services.

▪ **What will this program do for my child?**

Each child will receive individualized asthma management program. An asthma coordinator will assist in identifying your child's warning signs of asthma and asthma triggers, and explain ways to reduce your child's exposure to these triggers. The asthma coordinator will provide information about asthma medication and medication delivery, as well as help you to implement an asthma action plan provided by your healthcare provider.

▪ **Do I get any monetary compensation for participating in the program?**

You will not get any monetary compensation for participating, however, ALACC will help you find affordable medical insurance and/or other financial assistance for needed medications.

▪ **How do I know if my child could participate in the ECAI?**

The Early Childhood Asthma Initiative program is for children under five years of age.

▪ **Patient Confidentiality**

We understand that for personal reasons some families do not wish to reveal their information. Therefore, all personal information about the patient and the family will remain confidential. The only persons who will have access to your child's identifying information will be the Asthma Coordinators and the Program Director. Participating children's information will be entered into our database as a number (i.e., no name, addresses). This information will be used for statistical purpose only.

▪ **I am interested in this program, but how do I enroll my child?**

If you are interested in enrolling your child in the program, please complete the consent form.

▪ **Now that I have signed the consent form, what will happen to my child?**

When you sign this consent form, we will register your child in the program and the Asthma Coordinator will start to work immediately. At your convenience, we will work with you on asthma management guidelines. Additionally, we will provide a home asthma trigger assessment and asthma education for your daycare provider. Contact with your asthma coordinator will continue until you have all the answers and tools you need to manage your child's asthma.

## **EARLY CHILDHOOD ASTHMA INITIATIVE CONSENT FORM**

Please read carefully and sign.

1. I understand that my child's enrollment in the ECAI program is entirely voluntary.
2. I understand that information on my child will be included in the Asthma Registry. I also understand that no information about my child will ever be released with identifying markers (such as name, address, etc.).
3. I give my consent to the Asthma Coordinator to conduct home visits.
4. I understand that I will receive no monetary compensation by enrolling my child in the program.
5. I have the right to ask any question about the program at any time.
6. My child, my childcare provider and my family will receive educational information about asthma and asthma management.

I have read and understand all the statements mentioned above.

- ☐ **Yes, I want my child to participate in the Early Childhood Asthma Initiative program (ECAI)**
- ☐ **No, I do not want my child to participate in the Early Childhood Asthma Initiative program (ECAI)**

Name of Patient: _____	Age: _____
Name of Legal Guardian: _____	Telephone: _____
Address: _____	
_____	

_____ Signature of Legal Guardian	_____ Date
_____ Signature of Asthma Coordinator	_____ Date

## Photographic Consent Form

The undersigned does hereby authorize **The American Lung Association of the Central Coast** and/or its associates, assistants, or subcontractors to photograph/film

\_\_\_\_\_  
Name(s) [please print]

The undersigned authorizes the American Lung Association of the Central Coast the use and display of said photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication for the Early Childhood Asthma Initiative. The undersigned agrees that the American Lung Association of the Central Coast may use name and likeness supplied by the undersigned.

The undersigned releases and forever discharges the American Lung Association of the Central Coast, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

\_\_\_\_\_  
Signature of Subject and/or Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# CHILDCARE TRAINING FORM

Name of child:

Name of parent/guardian:

Home Address:

Home phone number:

Name of Childcare Center:

Phone number of Childcare Center:

Name of Caregiver/Teacher:

Address of Childcare Center:

Date:

Time started:

Time ended:

- ☐ What is Asthma
  - Signs and symptoms
  - Action in the lungs
- ☐ Asthma Triggers
  - This child's triggers
 

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
  - IAQ
    - Complete Survey Form
    - Offer IAQ solutions/mitigations
- ☐ Asthma Medications
  - Explain action, use, and delivery of any medications the child takes to daycare
 

name:	action:	delivery:
name:	action:	delivery:
name:	action:	delivery:
name:	action:	delivery:
- ☐ Asthma Action Plan
  - Explain when this child's signs and symptoms of when to administer medication; the need to keep logs of all times administered and inform parents/guardian; when to call the hospital
- ☐ Answer any Questions
  - Questions and Answers Given:
- ☐ Give QA survey

## DISENROLLMENT CHECKLIST

- ☐ Family has a medical home \_\_\_\_\_
- ☐ Child has healthcare coverage \_\_\_\_\_
- ☐ Family has received mattress and pillow case covers
- ☐ Family has received peak flow meter and spacer
- ☐ Family has an asthma action plan
  - REMEMBER THAT WE CANNOT RECOMEND SPECIFIC MEDICATIONS. We can however recommend that the client speak with their doctor if current medications are not working and educate the patient concerning the different types of medications and their actions.
- ☐ Child's asthma is under control
  - Document that the child has been using rescue inhaler twice a week or less.
- ☐ At disenrollment the exit interview has been completed
- ☐ The family has been mailed a satisfaction survey with a pre-paid return envelope enclosed

OR

- ☐ Family has refused services
  - Reason for refusal \_\_\_\_\_
  - ☐ Complete exit interview
  - ☐ Send satisfaction survey
- ☐ Unable to locate family

Signature of Asthma Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_



**Month Day, Year**

Dear Dr. **BLANK**

I am writing to consult with you concerning your patient **FIRST LAST**. This child has been referred into the Early Childhood Asthma Initiative (ECAI). We offer asthma education services, as well as in home assessments for asthma triggers, and referral to appropriate social services.

Having met with the family of **First Last**, I think that they would greatly benefit from a written asthma action plan. This way there would be a written reminder of your instructions regarding the needed steps during any asthma related problems. Studies have shown that these written instructions greatly reduce ER visits by asthma patients. I have enclosed an asthma action plan form for your convenience. We appreciate your help in providing the best asthma management services to this family.

If you have any questions or concerns, please don't hesitate to contact me.

Sincerely,

Asthma Coordinator  
Early Childhood Asthma Initiative  
American Lung Association of the Central Coast

August 14, 2002

Dear Sir/Madam:

I am writing on behalf of my client, **Parents' First Last** and her child, **Child's First Last**, who has asthma. I am concerned about the possibility of mold in this household, and its effects on Andrew's health. Mold poses a health risk in general, and a much more serious risk to patients with asthma. The spores released by mold can trigger acute asthma attacks and thereby place an asthma patient's life in danger.

In some cases, indoor mold may be growing on hidden surfaces, such as the backside of dry wall, paneling, tiles, or the underside of carpets and pads, etc. I feel it is critical to this family, that the possibility of mold be thoroughly and immediately addressed, and if present, eliminated. It is of urgent interest that their health not be placed in danger any longer than absolutely necessary.

Thank you for your prompt attention to this matter. If you have questions or concerns, please do not hesitate to call.

Sincerely,

Asthma Coordinator

# EARLY CHILDHOOD ASTHMA INITIATIVE

# SATISFACTION SURVEY

Please fill out this short survey and mail it back to the American Lung Association of the Central Coast in the pre-paid envelope provided to you. This survey will help us fine-tune our efforts to offer the best education possible concerning asthma and the families role in asthma management.

1. Was the information presented clear and understandable?

YES    NO

2. Did you feel that your questions were answered completely and understandably?

YES    NO

3. Did you have previous training on proper use of asthma medications?

YES    NO

Do you now feel confident in properly administering needed asthma medications to your child?

☐ very confident    ☐ confident    ☐ unsure    ☐ not confident

4. Did you have previous training on signs and symptoms of an asthma episode?

YES    NO

Do you now feel confident that you could recognize if your child was having an asthma episode?

☐ very confident    ☐ confident    ☐ unsure    ☐ not confident

5. Did you have previous training on indoor air quality issues and their effects on asthma?

YES    NO

Do you now feel confident that you can identify and correct asthma triggers in your home?

☐ very confident    ☐ confident    ☐ unsure    ☐ not confident

6. Do you feel confident discussing your child's asthma with his/her health care providers?

☐ very confident    ☐ confident    ☐ unsure    ☐ not confident

Rate the program tools for how helpful they were to your family where: **One =Not at all helpful** and **5 =Extremely helpful**

7. Spacers	1	2	3	4	5	N/A
8. Peak Flow Meter	1	2	3	4	5	N/A
9. Mattress and Pillow Case Covers	1	2	3	4	5	N/A
10. Videos	1	2	3	4	5	N/A
11. Pamphlets	1	2	3	4	5	N/A
12. Asthma Action Plan	1	2	3	4	5	N/A

If you rated below a three please explain why.

Did you feel that your asthma coordinator was effective in communicating about asthma 13. To yourself? ☐ very effective ☐ effective ☐ unsure ☐ not effective

14. To your child? ☐ very effective ☐ effective ☐ unsure ☐ not effective

15. To your daycare provider? ☐ very effective ☐ effective ☐ unsure ☐ not effective

If you answered unsure or not effective to any of the questions, please explain why.

Additional comments that you would like to make about the Early Childhood Asthma Intervention Program:

## INICIATIVA DEL ASMA EN LA EDAD TEMPRANA

### CUESTINARIO DE SATISFACCION

Por favor complete este cuestionario y envíelo de regreso a la Asociación Americana del Pulmón de la Costa Central en el sobre pre-dirigido que se le ha proveído. Este cuestionario nos servirá para mejorar nuestros servicios y ofrecerle la mejor educación referente al manejo del asma.

1. ¿Fue la información presentada clara y entendible?  
(Was the information presented clear and understandable?)  
SI NO
2. ¿Cree usted que sus preguntas y dudas fueron contestadas completa y claramente?  
(Did you feel that your questions were answered completely and understandably?)  
SI NO
3. ¿Ha tenido usted anteriormente un entrenamiento en el uso adecuado de medicamentos de asma? (Did you have previous training on proper use of asthma medications?)  
SI NO
- ¿Se siente usted confiado en administrar adecuadamente los medicamentos para el asma de su hijo(a)? (Do you now feel confident in properly administering needed asthma medications to your child?)  
☐ muy confiado ☐ confiado ☐ no muy seguro ☐ no confiado
4. ¿Ha tenido usted anteriormente un entrenamiento en como reconocer los síntomas y señales de un episodio de asma? (Did you have previous training on signs and symptoms of an asthma episode?)  
SI NO
- ¿Esta usted confiado en poder reconocer si su hijo esta teniendo un episodio de asma?  
(Do you now feel confident that you could recognize if your child was having an asthma episode?)  
☐ muy confiado ☐ confiado ☐ no muy seguro ☐ no confiado
5. ¿Ha tenido usted anteriormente un entrenamiento sobre la calidad del aire en su hogar y sus efectos en el asma? ( Did you have previous training on indoor air quality issues and their effects on asthma?)  
SI NO
- ¿Cree usted estar confiado en que usted podrá reconocer y corregir los causantes de asma en su hogar? (Do you now feel confident that you can identify and correct asthma triggers in your home?)  
☐ muy confiado ☐ confiado ☐ no muy seguro ☐ no confiado
6. ¿Se siente usted confiado en hablar con él médico de su hijo sobre su asma?  
(Do you feel confident discussing your child's asthma with his/her health care providers?)  
☐ muy confiado ☐ confiado ☐ no muy seguro ☐ no confiado

En escala del 1-5 (1= muy poco beneficio y 5= muy beneficioso) califique las herramientas proveídas por el programa que le fueron beneficiosas a su familia.

7. Separador (Spacers)	1	2	3	4	5	N/A
8. Medidor de Flujo Máximo (Peak Flow meter)	1	2	3	4	5	N/A
9. Funda protectora de Colchón y Almohadas (Mattress and Pillow Case Covers)	1	2	3	4	5	N/A
10. Videos	1	2	3	4	5	N/A
11. Folletos de Información (Pamphlets)	1	2	3	4	5	N/A
12. Plan de Acción para el Asma (Asthma Action Plan)	1	2	3	4	5	N/A

Si usted calificó alguno de las herramientas por debajo de tres, por favor explique el porque.

¿Cree usted que su coordinador del asma fue eficiente en proveerle la información sobre el asma? (Did you feel that your asthma coordinator was effective in communicating about asthma)

13. A usted? (To yourself?) ☐ muy eficiente ☐ eficiente ☐ no está seguro ☐ deficiente
14. A su niño? (To your child?) ☐ muy eficiente ☐ eficiente ☐ no está seguro ☐ deficiente
15. A su niñera? (To Childcare?) ☐ muy eficiente ☐ eficiente ☐ no está seguro ☐ deficiente

Si usted contestó que no está seguro o deficiente en alguna de las preguntas, por favor explique el porqué. (If you answered unsure or not effective to any of the questions, please explain why.)

Incluya algún comentario adicional que le gustaría hacer sobre el programa de Iniciativa del Asma en la Edad Temprana: (Additional comments that you would like to make about the Early Childhood Asthma Intervention Program:)

Please fill out this short survey and mail it back to the American Lung Association of the Central Coast in the pre-paid envelope provided to you. This survey will help us fine-tune our efforts to offer the best education possible concerning asthma and the caregivers role in asthma management.

1. Was the information presented clear and understandable?

2. Did you feel that your questions were answered completely and understandably?

3. Did you have previous training on proper use of asthma medications?

YES NO

Do you now feel confident in properly administering needed asthma medications to the child under your care?

☐ very confident ☐ confident ☐ unsure ☐ not confident

4. Did you have previous training on signs and symptoms of an asthma episode?

YES NO

Do you now feel confident that you could recognize if the child under your care was having an asthma episode?

☐ very confident ☐ confident ☐ unsure ☐ not confident

5. Did you have previous training on indoor air quality issues and their effects on asthma?

YES NO

Do you now feel confident that you can identify and correct asthma triggers in the daycare environment?

☐ very confident ☐ confident ☐ unsure ☐ not confident

Additional Comments: